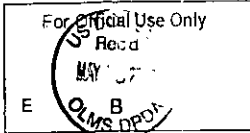


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 006-006 25522	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Ada F Torres P.O. Box, Bldg., Room No., if any _____ Street 13252 Garden Grove Blvd #200 City Garden Grove State CA ZIP Code + 4 92843	4. Name, file number, and address of labor organization. Name UNITE HERE Local 681 Labor Organization File Number 026-006 P.O. Box, Building and Room Number, if any _____ Street 13252 Garden Grove Blvd #200 City Garden Grove State CA ZIP Code + 4 92843
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code - 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Ada F Torres</u>	On _____ Date <u>(714) 750-4373</u> Telephone Number

Name of Person Filing		File Number U-	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>UNITE HERE Local 681</u></p> <p>Trade Name, if any: <u>Union</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>13252 Garden Grove Blvd #200</u></p> <p>City <u>Garden Grove</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>92843</u></p>	<p>9. Business deals with.</p> <p style="padding-left: 20px;">a. Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 20px;">c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name <u>UNITE HERE Local 681</u></p> <p>Trade Name, if any: <u>Health Benefit & Retirement Fund</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>3545 Long Beach Blvd #220</u></p> <p>City <u>Long Beach</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>90807</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: small;">I am a Union Trustee to the Health Benefits Fund & Retirement Fund of UNITE HERE Local 681</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: small;">Reimbursement of expenses in connection with attendance to the International Foundation of Employees Benefits Funds conference in Honolulu, Hawaii</p> <hr/> <p>12.b. Amount. <u>\$1,819.79</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment</p>